

Heber Drug

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Visa Credit Card Application Ser

Important: Read These Directions Before Completing This Application. You may apply as one or both as applicant and the other as co-applicant. If there is a co-applicant, both

Number of Cards Desired: Applicant

Applicant

NAME	PHONE NO.
ADDRESS	YEARS THERE
CITY	STATE ZIP
BIRTHDATE	SOCIAL SECURITY NO.
EMPLOYER	PHONE NO.
ADDRESS	
POSITION	YEARS THERE
GROSS MONTHLY INCOME	

OTHER INCOME

Alimony, child support or separate maintenance income need not be revealed if you don't want to have it considered part of the basis for repaying this obligation.

AMOUNT PER MONTH	TYPE
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Account Information

Deposits	Institution Name and Address
Bank	
Savings and Loan	
Credit Union	
Credit Accounts	
Name and Address of Creditors	

Current Residence

Own

Name and Address of Landlord/Mortgage Holder

By your signature below you verify that the information given in this application is complete. If your application is approved, you agree to be bound by all terms and conditions of the Customer Agreement(s). This application will be reviewed by First Security Bank.

X

APPLICANT'S SIGNATURE

DATE

Please State Your Preference Regarding

Yes Please accept my application for the Group Credit Insurance Program for my state. I understand enrollment is voluntary and I am free to cancel at any time.

PRINT NAME OF PRIMARY APPLICANT TO BE INSURED

BIRTHDATE

Our Group Credit Insurance Program will make your minimum monthly credit card payment if you are temporarily disabled or involuntarily unemployed for more than 30 days. In addition, this plan pays off the balance of your credit cardholder under age 66 is eligible to apply. This coverage terminates when you reach age 66. Premium is a fixed monthly balance and this charge is included on your monthly credit card statement.

Those choosing to apply will be mailed a Certificate of Insurance upon acceptance. Insured by First Security Health & Life Co. of Omaha, National Indemnity Co. and/or Central States Indemnity Co., all of which are



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